

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>104577293</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
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	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<div style="border: 1px solid black; height: 40px; width: 100%; background-color: #f0f0f0;"></div>		7 TOTAL AMOUNT OF REFUND		\$
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		<div style="display: flex; align-items: center;"> 9 <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div> </div> </div>		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		<div style="display: flex; justify-content: space-between;"> <div> PHONE: 82/11/2632 82 FC:2632 </div> <div> Date: 06/20/2005 06/20/2005 SNAJARRU 0000098 501648 1023494 250.00 CR </div> </div>		
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APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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